

LETTERS *to the Editor*

DOA for the AMA and CMA

To the Editor: The editorial in the June, 1971, CALIFORNIA MEDICINE titled "Hara-kiri and Its Consequences" reminds me of a personal experience when I was an assistant police surgeon at Georgia Street Hospital, Los Angeles.

A middle-aged oriental walked off the elevator holding his hands around a bloody shirt and when taken to the examining room it was found he had disemboweled himself without lacerating the intestine. In those days no antibiotics were available. Consequently, aqueous mercurochrome was poured liberally over the exposed intestine and it was replaced in the abdominal cavity and the transverse abdominal wound was closed. No complications ensued and the incision healed by primary intention.

Subsequently it was ascertained that the patient had a severe mental aberration and he was sent to the psychiatric ward of the Los Angeles County General Hospital.

Approximately three months later while I was on duty at the Georgia Street Hospital, a DOA body was brought to the hospital. It was that of the same man I had treated previously.

It was ascertained that upon his release from the psychiatric ward he had boarded a street car to downtown Los Angeles and there took an ele-

vator in a tall building, went to a window and jumped off a fire escape, falling through the roof of an automobile parked below.

It seems to me this case illustrates the points in your editorial. Similarly mental aberrations brought about the petitions for local referenda.

If the statewide opinion poll of CMA succeeds in disavowing the CMA and the AMA, the anticipated cure by the proponents will in the end result in the development of the kinds of consequences anticipated by your editorial, *viz.*, DOA for the AMA and CMA.

JOHN E. KIRKPATRICK, M.D.
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A Hot Word from #AB 3,522,477

The following is a letter written by a California physician to the Bureau of Narcotics and Dangerous Drugs after examining the Bureau's new form for persons handling drugs.

United States Department of Justice
Bureau of Narcotics and Dangerous Drugs
P.O. Box 28083, Central Station
Washington, D.C. 20005

Dear Sirs:

The recent form sent to all persons having a legitimate reason for handling drugs represents an appalling, illogical, uninformed, unadvised dictation by a governmental bureaucracy. The instructions and forms demonstrate the usual overly complex and nondirect method of writing.

My main objection is to the new BNDD # with two letters and seven digits allowing for 9,999,999 individual persons and a total of 6,759,999,999 individuals if the letters are utilized. All of these numbers and letters are for a system of less than 300,000 MD's, fewer dentists, even fewer pharmacies and a markedly smaller number of distributors, packagers, wholesalers and manufacturers, and hospitals. HOW DARE THE GOVERNMENT SAY I AM # AB 3,522,477 AMONG A GROUP TOTALING HALF A MILLION OR LESS.

With the judicious use of letters—MDA, MDB, MDC, etc. for physicians; DDA, DDB, DDC, etc. for dentists; PHA, PHB, etc. for pharmacies; M for manufacturers; W for wholesalers; H for hospitals; etc. for packagers, distributors, importers—at the most a four or five digit system would suffice now and have an adequate range for more than the next 50 years.

The practicing and working doctor, dentist and pharmacist already has an excess of paper work and regulation hindering their proper job of giving succor and technical knowledge to ill patients. Some of this odious work can be handled by an ever increasing number of secretaries and typists ADDING TO OVERHEAD AT NO BENEFIT TO THE PATIENT, but the writing of Rx and calling of Rx to pharmacies OUTSIDE of office hours will forever be the individual responsibility of the working physician.

Imagine the percent of error in my small region of practice using one hospital area involving about 250 MD's learning a two letter seven digit number calling in a prescription to any one of 80 nearby pharmacies in our community requiring the proper telling and then hearing of a long, nonsensical, extraneous and maddening number to get some aspirin and codeine or some cough syrup with codeine for a miserable patient who may have seen the doctor already and should stay home resting.

Since the responsibility of action will always remain individual for the MD and DDS and if there is some sadistic fulfillment by whoever insists on a big number system, what is wrong in using the social security number for those individuals and letters and four or five digits for the non-individuals handling drugs?

I was never able to remember my service number except for the last four digits required to get my laundry and at my age the BNDD has not

given adequate reasons to promulgate such an unnecessary system.

This new BNDD system of numbering interferes with the proper flow and providing of health care. Will you all please loudly and constructively complain.

WILLIAM BAXTER, M.D.
Los Altos

EDITOR'S NOTE: The Editor agrees and loudly and constructively complains. If you can't lick 'em join 'em—use a rubber stamp.

Air Pollution, Health Effects and Urban Growth

To the Editor: In his article on air pollution (Calif Med 115:106-107, Jul 1971), Dr. Louis F. Saylor of the California Department of Public Health warns that the smog is increasing faster than anybody can keep up with.

If the population continues to grow at the present rate, he says, air pollution will hurt us plenty. In fact, it already *has* hurt us plenty. School children in Los Angeles are told not to take a deep breath during the alerts. That means they are being deprived of a basic right. "We do not know how to control pollutant emissions enough to reach these [established air-quality] standards," Dr. Saylor says.

He then vaguely talks about the need for better controls and for policies "which would prevent pollution," just as if we had not been talking about that for lol these twenty years. But he seems to be afraid to come up with the obvious solution: gas rationing.

If you were to analyze the driving habits of the average Californian, you would find that a great deal of this driving is purely for convenience and pleasure. How long are we to tolerate unrestricted transportation, including transportation for the most ridiculous purposes, for everybody who gets the notion that he wants to go somewhere?

The government has not hesitated to crack down on industrial polluters. But not the driver. He gets *carte blanche*.

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